

CITY OF ALEXANDRIA CODE ENFORCEMENT BUREAU 301 KING STREET, SUITE 4200 ALEXANDRIA, VIRGINIA 22314 (703) 838-4360 FAX (703) 838-3880

DEMOLITION APPLICATION

IMPORTANT - Applicant to complete ALL applicable Items.

Shaded boxes are FOR OFFICIAL USE ONLY.

Permit Number	1. Project Name						Master Permit					
2. Project Address			Floor/Suite Number						;	3. Date Applied		
4. Owner						5. Phone: Home -						
6. Owner's Mailing Address (if different from project address)						Work -						
7.Work Done By (check one) Owner Contractor												
8.Contractor Name						9. Phone						
10.Business Address												
11.State Contractor License Number Class: A B C						12.Business License Number Reciprocity? Yes No						
13.Code Edition	14. Use Gro		р 15.Туре о			of Construction			16./	16.Area Square Footage		
17. Residential Con Underground Tanks #	Industrial Other Above Ground Tanks #									18.Estimated Job Cost \$		
19.Number of Stories	20. Material				21.Dwelling Units Demolished				ed	No Yes - #		
FOR BUILDINGS ONLY:	Asbestos Affidavit □ Yes □ No Plot I				Plans Attached □ Yes □ No Certifie					ertified l	Ltrs Rec'd □ Yes □ No	
Sewer Cap Permit #	Cap Permit # / Date Passed					Utility Co. Verifications - Gas □ Y □ N / Elec. □ Y □ N / Water □ Y □ N						
Required Bond - \$1.00 per sq ft or \$1,000 minimum Cashier/Certified Check # Performance Bond										_ □ Performance Bond		
AFFIDAVIT I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge,					APPROVALS						PERMIT FEES	
is complete and correct and that the permitted construction will conform to the regulations in the Uniform Statewide Building Code					Engir	neer					\$100 per Building or Structure \$100 per Tank	
and all applicable ordinances. Signature of Owner of Authorized Agent					Date Approved						TOTAL \$	
Organization of Owner of Authorized Agent					Date	Date Issued					- <u>FOR BUILDINGS</u> -	
Printed Name of Person Applying for Permit Address					Engir Aide	neer.		Rec'd By:			Check/Bond \$ Deposit Date	
Phone Number Pager # FAX #												